Substitute for Form 1449 A & B/PTO			Complete if Known			
	O P INFORMATION DISCLOSURE			Application Number	10/631,107	
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CSTAT	EMENT BY APPI	ICA	NT	Filing Date	July 31, 2003	
<u>~\</u>				First Named Inventor	Michael John HODGSON	
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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